



Attorney Docket No.

## VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9 (f) and 1.27 (c)) - SMALL BUSINESS CONCERN

I hereby declare that I am [ ] the owner of the small business concern identified below [X] an official of the small business concern empowered to act on behalf of the concern identified below: NAME OF CONCERN \_\_\_\_ CHEMPLEX INDUSTRIES, INC. ADDRESS OF CONCERN 160 MARBLEDALE ROAD TUCKAHOE, NEW YORK 10107 I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I hereby declare that rights under contract of law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled METHOD AND APPARATUS FOR TRIMLESS SAMPLE CUP USED IN X-RAY SPECTROSCOPY by inventor(s) MONTE J. SOLAZZI described in [X] the specification filed herewith [ ] Application Serial No. \_\_\_\_\_, filed \_\_\_\_, ssued \_\_\_\_\_ If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entitles. (37 CFR 1.27) FULL NAME \_ [ ] Nonprofit Organization [ ] Small Business Concern FULL NAME \_ ADDRESS \_\_\_\_\_\_\_ [ ] Individual [ ] Nonprofit Organization [ ] Small Business Concern FULL NAME \_\_\_\_\_ [ ] Small [ ] Individual **ADDRESS** [ ] Nonprofit Organization Business Concern I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed. NAME OF PERSON SIGNING \_\_\_\_\_ MONTE J. SQLAZZI TITLE OF PERSON OTHER THAN OWNER. PRESIDENT O MARBLEDALE ROAD, TUCKAHOE, NY 10

Attorney Docket No. CHEMPLEX-3

## DECLARATION AND POWER OF ATTORNEY (Patent, Design or C-I-P Application)

Wy residence, post offic	ntor, I hereby declare that: e address and citizenship I, first and sole inventor (if hich is claimed and for w	are as stated be		ginal, first and j	joint inventor (if	plural names are stated below) APPARATUS FOR TRIMLESS	
SAMPLE CUP USED IN	X-RAY SPECTROSCOPY				<del></del>		
the specification of which  X is attached hereto					۰۰ مد سادها		
was filed	ation Serial No			(it applicable)			
eferred to above. acknowledge the duty Regulations §1.56(a). hereby claim foreign pri and have also identified	to disclose information w	hich is material  5. United States ation for patent	to the examination of t	his application in application (in having a filing	n in accordance	is amended by any amendment with Title 37, Code of Federal inventor's certificate listed below nat of the application on which	
oriority is claimed.		FRIONTO		DATE OF FIL	ING	PRIORITY CLAIMED	
COUNTRY		APPLICATION NO.		(day, month, year)		UNDER 35 U.S.C. 119	
						YES NO	
ISTING OF FOREIGN APPLICATIONS CONTINUE		EN ON BAGE 2 HEREOE: VES NO		<u>l</u>			
States Code, §112, I ack between the filing date	nowledge the duty to disci	d the national o	ormanion as denineu la i	198 37. COGO C	application:	the first page of Title 35, United lations, \$1,56(a) which occurred	
(Application Serial No.) (Filing			(patented, pending, abandoned) (patented, pending, abandoned)				
business in the Patent	and Trademark Office con	nected therewith	). 	and/or agent(	(s) to prosecute	this application and transact all	
ARTHUR L. PLEV and ERIC A. LaM	Y, Reg. No. 24,277; I ORTE, Reg. No. 34,6	RALPH W. SE 53; JOHN A.	LITTO, JR., Reg. No. 3 LIGON, Reg. No. 3	lo. 26,996; f 35,938; MAT	THEW HOD	ULIK, Reg. No. 36,164	
SEND CORRESP	ONDENCE TO: Arti PLE P.C 146 Edi	го	DIRECT TELEPHONE Arthur L. Plevy, Esq. CALLS TO: (908) 572-5858				
FULL NAME	LAST NAME: SOLAZZI		FIRST NAME:		MIDDLE N	MIDDLE NAME:	
OF INVENTOR #1  RESIDENCE &  CITIZENSHIP	CITY: JUPITER		STATE OR FOREIGN COUNTRY: FLORIDA			COUNTRY OF CITIZENSHIP: U.S.A.	
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 113 QUAYSIDE DRIVE		CITY: JUPITER			STATE OR COUNTRY AND ZIP CODE: FLORIDA 33477	
FULL NAME OF INVENTOR #2	LAST NAME:		FIRST NAME:		MIDDLE	MIDDLE NAME:	
RESIDENCE & CITIZENSHIP	CITY:		STATE OR FOREIGN COUNTRY:		COUNTR	COUNTRY OF CITIZENSHIP:	
POST OFFICE ADDRESS	POST OFFICE ADDRESS:		спу:		STATE O	STATE OR COUNTRY AND ZIP CODE:	
FULL NAME OF INVENTOR #3	LAST NAME:		FIRST NAME:		MIDDLE	MIDDLE NAME:	
RESIDENCE & CITIZENSHIP	слу:		STATE OR FOREIGN COUNTRY:		COUNTR	COUNTRY OF CITIZENSHIP:	
POST OFFICE ADDRESS	POST OFFICE ADDRESS:		CITY:		STATE O	STATE OR COUNTRY AND ZIP CODE:	
I hereby declare that a to be true; and further or imprisonment, or be		of my own kno re made with the f Title 18 of the I	wiedge are true and the knowledge that wilful United States Code and	that such will	iful false statem	ormation and belief are believed so made are punishable by fine ents may jeopardize the validity	
Signatore of Invent	tnventor #2	Signature of Inventor #3					
Date: Oldn. 26, 1453 Date:							
SEE PARSE 2 ATTACH	ED. SIGNED AND MADE	PART HEREOF	YES NO A				